

a constant abdominal pain from that time, but otherwise the puerperium ran quite normally. Having resumed his examination after the woman's narrative, the author was able to introduce a probe through the above-mentioned depression in the vaginal scar, the instrument penetrating 6 cm. and striking a hard object somewhere in the abdominal cavity. It now became obvious that the wood *arshine* had been broken by a violent pressure against the sacral promontorium, the fragment remaining in the abdominal cavity. Laparotomy, as the only means for getting rid of the foreign body, was proposed, accepted by the patient, and performed on the next morning. The abdominal incision, 6 cm. long, was made parallel with the median line, slightly to the right from the navel. The foreign body (which actually proved to be a portion of a birch *arshine* measuring $18\frac{1}{2} \times 3\frac{1}{2} \times \frac{3}{4}$ cm.) could be extracted without any difficulty. Its sharply-pointed broken end, $\frac{1}{2}$ cm. long, was found thickly coated with fæcal matter. "The circumstance"—the author adds—"undoubtedly points out that the splinter, at the moment of its introduction, had perforated the large bowel, probably, somewhere near the junction of the S. Romanum with the rectum." The abdominal wound was at once sutured, and an iodoform dressing applied. No peritoneal toilette was made; no drainage was employed. There was some fever for the first four days after the operation, but the woman's bladder and bowels worked normally all through. The wound healed *per primam* about the 9th day. The patient left quite well on the 23d day.—*Rüsskaia Meditzina*, No. 21, 1888.

VALERIUS IDELSON (Berne).

V. Hydatid Cyst of the Transverse Meso-Colon; Abdominal Section; Removal; Cure. By SIDNEY JONES (London). The following is a case of much interest, both on account of the diagnostic difficulties which it presented, and for the success which attended the operative interference of the surgeon. The patient, a plasterer, æt. 47, was admitted into St. Thomas's Hospital on June 22, 1888, complaining of a "lump in the stomach." About 18 months previously he had been under the author's care for the same complaint,

but the tumor at that time was very much smaller and gave no inconvenience to the patient, and it was, therefore, deemed inadvisable to interfere with it. Since then, however, owing to gradual enlargement and increasing pain, the swelling prevented him from following his occupation. The tumor was of the size and shape of a small orange, of firm consistence, and located a little to the right and below the level of the umbilicus. It was freely movable within a limited area, dull to percussion, painful on manipulation. Abdominal section was performed at the earnest request of the patient. The peritoneum having been reached, a large fold of omentum was turned to one side and a hard rounded mass was felt just above the transverse colon, imbedded among the layers of the meso-colon. The tumor was gradually separated from its surroundings, without difficulty, and removed. Deep silk and superficial catgut ligatures were used and iodoform dressings. The carbolic spray was kept going in the room during the operation. On section afterward the tumor was found to be a hydatid cyst, crowded with daughter cysts. The operation was done July 10; on the 17th the wound was found to have healed. Patient was discharged August 7, cured.—*Lancet*, Aug. 25, 1888.

H. PERCY DUNN (London).

VI. A Means for the Reduction of Hernia. By G. S. FERRO. After raising the pelvis upon a pillow, the thighs are flexed and abducted. The scrotum and hernia are seized with the left hand, elevated toward the abdominal walls and pressure made upon them. At the same time the index finger of the right hand is passed into the inguinal canal, and by a boring and rotating motion pressure is directed toward the horizontal portion of the os pubis. After a time the strangulated portion returns into the abdominal cavity, whereupon the other portions follow. The author cites 6 cases in which he succeeded in reducing strangulated inguinal hernia, in which failure had followed taxis by the ordinary method.—*Mediezsinskoje Oborsenje*, 1887, No. 15.

VII. Colotomy in Two Stages. By A. KNIE (Moscow). After the abdominal cavity is opened from the xyphoid process to the umbilicus, a length of from 6 to 8 cm., the wound edges are hemmed or